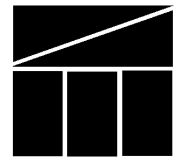


# **2012-2014 Nonstate Agency Instructions**



**Virginia Department of  
Planning and Budget  
September 2011**

## Overview

These instructions are to be used for preparing and transmitting budget requests for nonstate agencies for the 2012 – 2014 biennium, which covers the period covers July 1, 2012, through June 30, 2014.

Nonstate agencies are defined in §§2.2-1505 (<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-1505>) and 2.2-4343 A.14 (<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-4343>) of the Code of Virginia and §4-5.05 of the 2011 Appropriation Act (<http://lis.virginia.gov/cgi-bin/legp604.exe?111+bud+24-5.05>).

The primary purpose of state support of nonstate agencies is to assist with capital expenditures or improvements and organizational or operating assistance of a limited duration to help during periods of growth or change and other expensive items of a one-time nature. State support is not available and should not be sought for operating support on a continual or long-term basis.

**Your request will consist of a completed Form NSA-1, Nonstate Agency Budget Request. Agencies must submit this form to DPB and any supporting materials no later than 5:00 P.M., Friday, October 14, 2011. The requests should be submitted electronically as an e-mail attachment to the following address: [nonstatebudget@dpb.virginia.gov](mailto:nonstatebudget@dpb.virginia.gov). No requests will be accepted after the deadline. Please note that requests may be subject to the review by the Office of the Attorney General to determine if funding conforms to constitutional requirements.**

Questions regarding the application process may be directed to: Don Darr at (804) 786-1131 or [don.darr@dpb.virginia.gov](mailto:don.darr@dpb.virginia.gov) or Christy Berry at (804) 786-7772 or [christy.berry@dpb.virginia.gov](mailto:christy.berry@dpb.virginia.gov).

If your agency is appropriated funding in the 2012 Appropriation Act, you will be required to complete a separate application (including proof of matching funding) to receive payment. The Department of Historic Resources (DHR) administers this Payment Application. To obtain this application, after you have been appropriated funding in the 2012 Appropriation Act, contact Patty Hurt at DHR at [patty.hurt@dhr.virginia.gov](mailto:patty.hurt@dhr.virginia.gov) or (804) 862-6198. Questions regarding the payment process for nonhistoric nonstate entities may be directed to Patty Hurt (contact information above) or for historic nonstate entities, to Ann Andrus at (804)-482-6444. or [ann.andrus@dhr.virginia.gov](mailto:ann.andrus@dhr.virginia.gov).

## Criteria for Funding

The following are general guidelines that must be followed to be considered and approved for state funding:

**Location** - Your agency must be located in and operated in Virginia.

**Purpose** - The requested state support must be for a purpose clearly identifiable as cultural, historic, or artistic in nature or related to human services. It must be for capital expenditures or operating assistance of a limited duration.

**Ineligible Agencies**- The Constitution of Virginia prohibits state appropriations to a religious agency or a private institution of higher education.

**Federal Income Tax Exemption** - Your agency must be a nonprofit agency exempt from federal income tax under Section 501 (c) (3) of the Internal Revenue Code.

**Matching Funds** - The matching fund requirements, summarized from Attachments A and B, stipulate that:

- ✓ Your agency must present an equal match for the state grant, whether the grant is for operating or capital purposes. **Please be aware that the required match must be certified by the Secretary of Finance prior to the funds being released.**
- ✓ Match must be in cash, cash equivalent (securities which can be converted to cash within 30 days), or in-kind unless the agency is a political subdivision.
- ✓ Match must be from local or private sources. "Local" means funds from local governments, other local entities and federal funds. It excludes state funds.
- ✓ Match must be available on July 1, 2012, for funding requested for FY 2013 and July 1, 2013, for funding requested for FY 2014. If not available until after July 1, the state grant will be released when the matching funds are available. Note the following requirements of §2.2-1505 of the Code of Virginia:
  1. Funds received and spent prior to the effective date of the state grant are not eligible to be counted as a match. Likewise, in-kind match must be available within the grant period.
  2. If available funds were used to meet the match requirement for any state grant issued by any previous appropriation act, they may not be used to satisfy the new matching requirements even if they are still available.
  3. Match funds must be concurrent with the purpose for which state funds are requested. This means that the proposed expenditure of the match funds must be the same as that for the state funds.

**Virginia Public Procurement Act** - If your agency plans to use more than \$10,000 for capital expenses, the Virginia Public Procurement Act may apply. See Appendix C.

**Pass-Through** - The request should be for your agency directly. A pass-through from your agency to another agency not owned or controlled by your agency will not be approved.

# Instructions for completing Form NSA-1, Nonstate Agency Budget Request

This form is available in Microsoft Word format on DPB's web site at <http://dpb.virginia.gov/forms/forms.cfm>. If you fill in the form in Microsoft Word, spaces provided for you to will expand as needed to fit the information.

## A. Background

1. **Legal agency name.** Give the official name of the agency. This means the name under which it is incorporated or otherwise authorized to do business in Virginia.
2. **Agency location.** Give the address (street and city) of the principal office or location and the address of any other offices or locations.
3. **Chief executive officer.** Indicate the contacts for the president, executive director, or chief executive officer of your agency.
4. **Legal status.** Check the appropriate box to indicate whether your agency is a corporation, foundation, authority, partnership, political subdivision, or other. If "other," please describe.
5. **Statutory authority.** If your agency is established by statute enacted by the General Assembly of Virginia, identify the statute (Act of Assembly or Code of Virginia) and date of its enactment.
6. **Tax status.** Indicate if your agency is exempt from taxation under § 501 (c) (3) of the United States Internal Revenue Code. Show the tax identification number and date of approval.
7. **Affiliation with higher education.** Indicate if your agency is a private institution of higher education or affiliated with a private institution of higher education. If "yes," identify the institution and describe your agency's affiliation with that institution.
8. **Affiliation with religious agency.** Indicate if your agency is a religious agency or affiliated with a religious agency. If "yes," identify the religious agency and describe your agency's affiliation with that agency, if any.

## B. Agency Profile

1. **History.** Write a brief paragraph summarizing the history of the agency, including when and why it was created and by whom.
2. **Mission.** Cite the mission statement of the agency. If none exists, please explain why.
3. **Services.** List the current products and services provided by the agency, factors impacting the products and services, and any anticipated changes.

4. **Goals.** List each of the goals identified by the agency and additional supporting information.
5. **Performance measurement.** Please include a brief description of how your agency monitors the productivity and effectiveness of its services.
6. **Agency budget.** The section contains a table that depicts the total agency budget estimate for the previous fiscal year, the current fiscal year, and next fiscal year. Break out funding by major fund source, such as grants, admission fees, state funding, sales, etc. After listing all of the major fund sources, provide a total for the agency. Note if the agency uses a fiscal year different from the state's fiscal year, which runs from July 1 to June 30, please convert to the state fiscal year.

### C. Request and Justification

1. **Requested state appropriation.** Fill in the table to indicate the amount the agency is requesting for operating funds and the amount being requested for capital improvements. Operating expense requests are to be identified as one-time or recurring.

**“Operating expenses”** means payment of salaries, purchase of supplies, heat, light, power and other expenses of normal maintenance and operation. It includes equipment for normal operation, such as typewriters, computers, calculators, and computer software. **“Capital expenses”** means expenditures for acquisition and purchase of land and structures, construction of buildings, renovation of buildings, major repairs, and other capital purposes. It includes equipment associated with construction and renovation of buildings.

2. **Description of how the money will be spent.** Describe the product, service, or facility that will be financed by the state appropriation. If the request is for operating expenses, indicate whether the expenses are one-time or on-going. If on-going, describe how the expenses will be funded once the state grant ends. If the request is for capital purposes, describe the proposed facility or improvements to the existing facility. What is the timeline for the procurement? Also, indicate what impact the capital expense will have on your agency's operating plan and how any additional operating expenses will be funded.
3. **Methodology for cost of proposal.** Provide an explanation of the methodology used to calculate the costs of the proposal.
4. **Economic benefit.** Describe how the proposal will result in economic benefit to the Commonwealth of Virginia in terms of visitation, employment, payroll, or other economic contributions.
5. **Other sources of support.** Identify other funding sources, along with the amount, intended to be used in addition to the state appropriation for the purposes for which funding is being requested? What percentage is the requested state grant of the total amount of support you anticipate for this purpose?
6. **Expected outcome.** Indicate how you will measure the success of the effort if this proposal were to be funded, giving the specific outcome you expect. What public

purpose will be served by a state appropriation to the agency? How will state funding help the agency carry out its mission? Who will likely benefit from the state appropriation (describe customers, clients, etc.)?

- 7. Consequences of not funding.** Describe the impact on services, products, customers, goals, or objectives if this request is not funded.

#### **D. Matching Funds**

Provide in the table the amount and a description of the proposed matching funds. Identify the source of the proposed matching funds and when they will be available. The state appropriation will be available on July 1 or shortly thereafter. The matching funds should be on hand and available on the same date. If the proposed match includes in-kind contributions, please describe in detail. After the last entry, provide a grand total.

#### **E. Certification**

Provide the name and working title of the person or persons filling out the form as well as agency information. If an online signature of the chief executive officer is available, please provide it in the slot provided.



# Nonstate Agency Budget Request

*This information is requested by the Department of Planning and Budget pursuant to §2.2-1505 of the Code of Virginia. Each question must be answered. An incomplete form will delay your budget request.*

## A. Background

1. Legal agency name: \_\_\_\_\_

2. Agency location: \_\_\_\_\_

3. Chief executive officer:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

4. Legal status of agency:

☐ Corporation    ☐ Foundation    ☐ Authority    ☐ Partnership    ☐ Political subdivision

☐ Other Please explain \_\_\_\_\_

5. Is your agency established by a statute enacted by the General Assembly of Virginia?

☐ yes    ☐ no

If "yes," identify the statute (Act of Assembly or Code of Virginia) and date of its enactment.

\_\_\_\_\_

6. Is your agency exempt from taxation under § 501 (c) (3) of the United States Internal Revenue Code?

☐ yes    ☐ no

Tax identification number: \_\_\_\_\_

Date of approval: \_\_\_\_\_

7. Is your agency a private institution of higher education or affiliated with a private institution of higher education?

☐ yes    ☐ no

If "yes," what is the institution and how is your agency affiliated?

\_\_\_\_\_

**8. Is your agency a religious agency or affiliated with a religious agency?**

☐ yes ☐ no

If "yes," what is the religious agency and how is your agency affiliated?

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## **B. Agency Profile**

**1. History:**

**2. Mission:**

**3. Services:**

**4. Goals:**

**5. Performance measurement:**

**6. Agency Budget (Based on State Fiscal Year):**

<i>Source of Funding</i>	<i>FY 2011 Actual</i>	<i>Projected FY 2012</i>	<i>Projected FY 2013</i>
<i>Total</i>			



## C. Request Justification

### 1. Requested state appropriation:

	FY 2013	FY 2014
Operating expense	\$	\$
One-time		
Recurring		
Capital expense	\$	\$
Total Request	\$	\$

### 2. Description:

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### 3. Methodology:

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### 4. Economic benefit:

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### 5. Other sources of support:

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### 6. Expected outcome:

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### 7. Consequences of not funding:

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## D. Matching Funds

Source and Description of Funds	Date Funds Available	Amount
		\$

		\$
		\$
		\$
		\$
		\$

## E. Certification

I hereby certify that the information provided herein is correct and accurate, to the best of my knowledge.

**Person completing  
this form:**

\_\_\_\_\_  
*Typed name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Online Signature (if available)*

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